

**2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Mar 04, 2010  
Secretary of State**

DOCUMENT# 755880

Entity Name: KEY WEST PLAYERS, INC.

**Current Principal Place of Business:**TIFFS LN & WALL ST  
WATERFRONT PLAYHOUSE  
KEY WEST, FL 33040 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 724  
KEY WEST, FL 33041**New Mailing Address:**

FEI Number: 59-1966652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**SMITH, MARY H  
1219 GRINNELL ST  
KEY WEST, FL 33041 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PD  
Name: FRECHETTE, BOB  
Address: 330 CAROLINE ST  
City-St-Zip: KEY WEST, FL 33040Title: VD  
Name: ELWELL, CHRISTOPHER  
Address: 508 LOUISA ST, #3  
City-St-Zip: KEY WEST, FL 33040Title: TD  
Name: SMITH, MARY H  
Address: 1219 GRINNELL ST  
City-St-Zip: KEY WEST, FL 33040Title: SD  
Name: WILSON, THERESA R  
Address: 64 FRONT ST  
City-St-Zip: KEY WEST, FL 33040Title: D  
Name: LINDER, RITA  
Address: 1216 PETRONIA ST  
City-St-Zip: KEY WEST, FL 33040Title: VD  
Name: LAVENDER, THOMAS  
Address: PO BOX 4004  
City-St-Zip: KEY WEST, FL 33041

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY H SMITH

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03/04/2010

Electronic Signature of Signing Officer or Director

Date